|  | PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Docket Numb r  0 9 924054  Effective October 1, 2000 |   |              |                    |                                 |                  |            |                |                        |            |                     |                        |  |
|--|---|---|--------------|--------------------|---------------------------------|------------------|------------|----------------|------------------------|------------|---------------------|------------------------|--|
| Claims as filed - part I small entity otwer: (Column 1) (Column 2). Type  OR Small E |   |   |              |                    |                                 |                  |            |                |                        |            |                     |                        |  |
| TOTAL CLAIMS   |   |   |              |                    | 5 \$2.43 \$                     |                  | ſ          | RATE           | FEE                    |            | RATE                | FEE                    |  |
| FOR  |   |   | NUMBER F     | ILED               | NUMBER EXTRA                    |                  |            | AASIC FEE      | 355.00                 | ОЯ         | DASSC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | M min        | us 20=             |                                 |                  |            | X\$ 8=         |                        | GR         | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |   |   | A minus 3 -  |                    | •                               | :                |            | X40=           |                        | OR         | X80=                | 80                     |  |
| MU   | LTIPLE DEPEN  | DENT CLAIM PF                             | RESENT       |                    |                                 |                  |            | +135=          |                        | OR         | ÷270=               | ,                      |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2             |   |   |              |                    |                                 |                  | <u>[</u>   | TOTAL          |                        | OR         | <u></u> _           | 740                    |  |
| G 2/0 CLAIMS AS AMENDED - PART II OTHER TH   |   |   |              |                    |                                 |                  |            |                |                        |            |                     |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |   |              |                    |                                 |                  |            | SMALL          | ADDI-                  | OR<br>I    | SWALLE              | ADDI-                  |  |
| MT A   |   | REMAINING<br>AFTER<br>AMENDMENT           |              | NUL<br>PREVI       | BER                             | PRESENT<br>EXTRA |            | RATE           | TIONAL<br>FEE          |            | RATE                | TIONAL                 |  |
| AMENDMENT  | Total   | . 16                                      | Minus        | -Q                 | 0                               | - /              |            | X3 9=          |                        | OR         | X\$18=              |                        |  |
| <b>PAGE</b>  | Independent   | · 40                                      | Minus        | 000                | <u>3.</u>                       | = /              |            | X40=           |                        | OR         | X80=                |                        |  |
|  | FIRST PRESE   | NTATION OF MIL                            | JITIPLE DEF  | ENDEN              | T CLAIM                         |                  |            | +135=          |                        | OR         | ÷270=               |                        |  |
| ch le  |   |   |              |                    |                                 |                  | U.         | TOTAL          |                        | OR         | YOTAL<br>ADDIT, FEE |                        |  |
| S/11/66 (Column 1) (Column 2) (Column 3)   |   |   |              |                    |                                 |                  |            |                |                        | 9          | ADON. FEEL          |                        |  |
| ENT B  | g cin. s/o gam a da   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 20 M         | HIG<br>NUI<br>PREV | RESY<br>(BER<br>(DUBLY<br>) FOR | PRESENT<br>EXTRA |            | RATE           | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| <b>8</b>   | Total   | . 14                                      | Minus        | 00 4               | 30                              | • ·              |            | X\$ 9=         |                        | OR         | X\$18=              |                        |  |
| AMENDHENT  | Independent   | · 5                                       | Minus        | +0+                | 3                               | -                |            | X40-           |                        | OR         | X80=                | :                      |  |
|  | FIRST PRESE   | NTATION OF ME                             | JUTIPLE DEF  | ENDEN              | TCLAIM                          |                  |            | +1356          |                        | OR         | +270=               |                        |  |
|  |   |   |              |                    |                                 |                  | Į.         | TOTAL          |                        | OR         | YOYAL<br>ADOUT FEE  |                        |  |
|  |   | (Column 1)                                |              | (Cab               | mn 2)                           | (Column 3)       | , <i>i</i> | AUDIT, FEE     |                        | ٠.٠        | AUUTI, PEE          |                        |  |
|  | (a.n. a.a. a.a.   | CLAIMS                                    |              | HUG                | REST<br>SBER                    | PRESENT          | 1          | <del></del>    | ADDI-                  |            |                     | ADDE                   |  |
| AMENDMENT C  |   | AFTER<br>AMENDMENT                        |              | PREV               | OUSLY<br>FOR                    | EXTRA            |            | RATE           | TIONAL<br>FEE          |            | RATE                | TIONAL                 |  |
| Q P  | Total   | •   | Minus        | ••                 |                                 | 3                |            | X8 9=          |                        | OR         | X\$18=              | 75                     |  |
| PACE   | Independent   | •   | Minus        | .000               |                                 | •                | 1          | X40=           |                        | OR         | X80=                |                        |  |
| 4  | FIRST PRESE   | NTATION OF M                              | ULTIPLE DE   | PENDEA             | T CLAIM                         |                  |            |                |                        |            | 4270                |                        |  |
| * If the entry in column 1 is less than the ntry in column 2, catto "o" in column 3. |   |   |              |                    |                                 |                  |            |                |                        | OR         | +270=               |                        |  |
| -  | "If the "Highest Number Previously Paid F I" IN THIS SPACE is less than 80, into "20."  ADDIT. FEE  OR ADDIT. FEE  OR ADDIT. FEE            |   |              |                    |                                 |                  |            |                |                        |            |                     |                        |  |
|  | The Highest Num   | aber Previously Pa                        | d For (T tel | r Indapen          | dent) is th                     | e highest numb   | er for     | and in the exp | ed etahqorq            | est bis co | olume 1.            |                        |  |